THE RECOVERY KERNEL

MUDZWISI WEKUCHENESA: GHB / GBL / 1,4-BD

Kuputika Kwayo, Kusanzwisiswa Zvakananga – uye Maitiro Ekuyitambira Nezvakachena.

Mubvunzo wemitemo yevakadzi dzimwe dzese mumutauro uyu unoshanda kuti "izvi zvinenge zvakukuvadza asi kazhinji hazvibhadhare." Mubvunzo uyu haazokwanisi kushandisa izwi iroro. Kupera kweGHB, kunava nechero ani anoda GHB kashoma kaakati-kati (anenge katatu kana mana) zuva rega rega, inzvimbo yekutarisira denda rinonetsa neangoine ngozi yekuropa, kusavhunduka kwakanyanya, uye kufa pasina kutarisirwa zvakanaka. Izvi hazvifaniri kuvakwa kuti zvikwanise kuita kuti vanhu vave nechokwadi - ndeimwe nzira yekurapa yakaratidzwa nemamiriro ezvinhu, uye kushandisa chinhu chidiki kupfuura kufunga nezvekuti zvinoitika kunonetsa kunogona kukonzera ngozi. Mubvunzo uyu unofanirwa kuita kuti kuziva kwezvaanotarisira kuchinje kuenda kuplan, kwete kungova nechokwadi chekuti zvinenge zvakukuvadza.

Section 0 - Chengetedzo Yekupfuura: Verengai Izvi Pakutanga.

⚠ KUKURUWA KWEMWEDZI.

Kana uri kushandisa GHB, GBL, kana 1,4-BD zvakawanda, anenge katatu kana mana pazuva, usaare kuita izvozvo pasina kutarisirwa nemudokori. Kuoma kunogona kutanga muawa mbiri kusvika sitano mushure memakore ekupedzisira kushandisa, uye maawa mashanu ekutanga kusvika makumi maviri-nhatu anonyanya kupa ngozi isingatarisirwi yekukwenga uye chirwere chinonetsa zvepfungwa/kunyadziswa kunogona kuuraya kana pasina kurapwa kwakaringana. Tsvaga rubatsiro mumubvunzo wehutano wakadaro pakarepo kana uri munhu ane zvinetso zvekushandisa, uye uchida kurega, kana kuti kana kuoma kwatanga.

Zviratidzo zvekuti ari kutambura kwehutsinye hwezvinodhaka uye anofanira kuenda kuchipatara nekukurumwa:

- Chero zvinhu zvisingave zvakanyanya, asi kana painenge pachiita kunyadzisa.
- Kusavanzwa, kusaziva kwemamiriro ako, kana kuona zvinhu zvisiri chaizvo - izvi zvinogona kutanga nekukurumidza uye hazvisi zvakafanana nekuvhara.

- Kushoma kwakanyanya uye kunonetsa, pamwe nekumhanya kwechipfuva, kudzika kwemauto, kana kufa zvine hutano (kusanzwisiswa kwehutano).
- Kukonzwa kunenge kuchangamuka panze kuderedza.

⚠ CHENJERERO

Hatina chinhu chinogona kushandiswa kuporesa munhu ane overdose yeGHB, uye hakuna mushonga wemhando yekare yakabvumirwa neFDA wekudzorerera kwezvinangwa zveGHB – zvakasiyana nezvinhu zvekushandisa sedoro (Naloxone) kana doro (benzodiazepines inhuwiro hwakanamirira uye wakajairika). Izvi zvinoreva kuti, mhando yekurapa inongoshanda zvakanyanya pane hunyanzvi hwevhithisi anorapa, uyo anoziva nezveGHB. Ibhuku iri, chikamu che8, riri kuita kuti iwe kana munhu anotarisira iwe vawane kurapwa kwakarurama kana kuti timu yekunanga inenge isina hunyanzvi hwakakwana nezveGHB.

Ita 1 — Nei Uye Nechiyenzwisiswa Nei Nekuti Ndiyo Yakasiyana Nemimwe Yese Museri Inguva.

Chii chinogara pachinzwa.	Nechii chikonzero.
Kugadzirisa nekukurumidza.	GHB inomira mumuviri mune nguva pfupi, inenge miriyoni 30-60. Kushanda kwezviratidzo zvekuderera kunotanga muawa 2-6 kubvira pakutora dosage yekupedzisira munhu ane zvinetso, - nekufamba kwakanyanya kupfuura doro (muawa 6-24) kana benzodiazepines (muawa 12-48). Pane nguva shoma teerera pakati pekuti "kutora dosage yekupedzisira" uye "kurova."
Kusanzwisisika.	Kunzwa kwekurwara hakabatamiriri zvakananga nezvakaziviswa nezvekushandisa – munhu anogona kuzvitsaura nezvekushandisa kwake, kana kuti akange ane zvinhu zvaishandisa aizviita asi aizadza zvakasiyana-siyana (izvo zvinowanzotariswa neZVAKAFANIRA seGBL uye 1,4-BD), anogona kurwara zvine simba kupfuura chaanenge azvizivisa.
Chidozero chemhando uye chirwere chepfungwa chinopesana.	Iyi hondo haisi hondo yakajairwa yekuvara zvamunenge muchiziva. Kushungurudzika kweGHB kunogona kuita kuti munhu asvike pachinzvimbo chakanyanya, achiratidza zvinangwa, kusavhenekera, kufara kwezvemoyo, uye kushanduka kwakanyanya kwebenzi - izvi ndezvikanganiso zvemuropa zvakanyanya, zvisingafanani ne "delirium tremens" inowanikwa kunyoreva.
Hapana chiratidzo chekuti chaitwa maitiro ekurapa akakosha.	Kuderera kwealcoholine inoda maitiro akajere uye ane ruzivo runowanzoshandiswa, anosanganisira benzodiazepines. Kuderera kweopioid ine buprenorphine ne methadone. Kuderera kweGHB hakuna kurapwa kwakanyorwa zviri nyore naFDA – baclofen (inogona kushandisa GABA-B agonist, iyo imhando yemirwi inoshandiswa GHB) inzira inonyatsobatirwa, asi vazhinji vevarapi vanogara vachitarisana nekukanganiswa kwezvirongwa zvakadai.

Sezheni 2 - Nhoroino yeKudzima.

Mudzidziso wekushandisa Recovery Kernel.	Chii chakaitika?	Chii chaungamirwa.	Zvinofanira kuitwa.
Maawa 2-6 (Kutanga zvishoma - nguva yekubatsirwa kwemishonga).	GHB icharara nekukurukidza; zvinangwa zveGABA-B zvakasiya pasina ligand yavo; glutamate inowedzera; HPA axis iri kushanda.	Kutyausa, kunyura, kurasikirwa nezvinonyadza, mwoyo inogara ichimhondoroka, kuzvimba – zvinhu izvi zvinoshanda nekukurumidza uye zvinogona kufanana nekuvhara dzimwe nguva kusvikira zvakakura nekukurumidza.	Iyi ndangariro yechikafu inofanirwa kutanga kana munhu akanganiswa nemishonga (baclofen kana benzodiazepines, Iseksyon 8) apo ari kurega kushandisa chinhu chinoreva. Kana asati atorongedzwa nemukozi wevhidhiyo uye zvimwe zviyero zvekurapa zviri kuoneka: ndokutangaenda kuchipatara nekukurumidza.
Maawa 12-72 (Nguva yekutarisira ngozi yakakura).	Kudonha kwekurasikirwa kweGABA-B receptor kwakanyanya; nguva yechisango chakakura chekuti zvinhu zvikanganise, uye nguva yekurwiswa nechirwere chemwoyo nemamirwe akataurwa muSection 1.	Inogona kusanganisira kushungurudzika kwakanyanya, kusavhunduka, kufunga zvinhu zvisiri zvechokwadi, uye "autonomic storm" (mwoyo unoshanda nekukurumidza, ropa rakawanda, kurasikirwa nemvura) pamusoro pezvimwe zvose mudanho rekutanga.	Itafura iyi inoda kurapwa kwevhidhiyo nemitambo – kunyoreswa muchipatara kana kuongororwa nevarapi, kwete kudzokera kumba, yese aripo ane zvido zvinonyadzisa.
Mazuva 3-7	Ngozi inenge yakanyanya, asi inogona kuderera kana ikaitwa zvakaringana nemishonga. System yeGABA-B ichiri kushomeka zvikuru.	Kusuru kudya kwekusavhunduka, kusagona kuroorwa, uye kusurudzika kwemuviri sezvo nyaya yekutambura yakaderera; inoda kurongedzwa zvakanyatsosarudza.	Usadzikise chidiki chemariro yechimuti chero zvakaita munguva iyi — kuita kuti ubude nemariro iyi kunofanira kuve nyore-nyore, sezvakaurwa

Mudzidziso wekushandisa Recovery Kernel.	Chii chakaitika?	Chii chaungamirwa.	Zvinofanira kuitwa.
			muSection 8.
Zvose zvevhiki 1-4.	Kudzoka kwezvinhu zvakaderera zvemuropa, kusanganisira kuwanda kweGABA-B receptor; kupfupa kwenzvimbo dzekurapa (kana uchiri kuitwa), zvinofanirwa kuitwa pasi pevhidhiyo.	Kugadzirisa zvishoma nezvishoma; kunyanya kushungurudzika; kurapwa kwekunyara kuchimhanya.	Bhuku remitambo yese rinotanga (Sezoro 9). Iri ndiro iyo, kana zvichidikanwa, bvunzo yedna inogona kushandiswa (Sezoro 5).
Mwedzi 1-3	Receptor ye GABA-B ichangobva kutanga uye iri pachinzvimbo yekutanga kusvika pakati. Iyi sisitimu inovandudzwa zvakaderera kupfuura receptor ye GABA-A.	Kuzvimba kwekunyanya kunotyisa (chido chinoratidza PAWS zvakanyorwa pakati peGHB), zvinoda kurongedzwa uye kugadziridzwa, kwete kungodzorera.	Kufema zvakasununguka, kurovedza muviri, uye kushandisa zvinonhuhwirira sezvakanyorwa Muchigumi rezvarairo ndizvo zvinogona kusimbisa kana kuderedza kukura kwezviito zvePAWS.
Mwedzi 3-12	Basa rekudzorerera GABA yakanaka - zvechokwadi mwedzi mitatu kusvika sitano, ndefupi kupfuura zvinogona kuitwa nezvimwe zvinhu zviri mumutauro uyu.	Kuderera, kuita zvinhu zvirine simba; mazuva ekutya akaderera uye anenge asisiri akaoma.	Zvibvumirano zvepakutanga zvinofanira kuchengetwa. Iyi haisi nguva yekudzikisira rubatsiro pakareba.
Mwedzi 12-18+.	Kudzoka kwezvinoreva "GABA-B receptor" kwakakura zvakanyanya uye kunenge kwapera.	Chinzvimbo chakasiyana zvachose - hazvisi kungoedza kupera kwezviratidzo, asi simbi dzinogara dzichishanda pachizvo uye dziri pachena.	Iyi shanduko chaiyewo, kwete kungofanira kuuya nekufamba kwenguva chete. Inoda kuti zvigadzirwe nemaitiro ari muvhaya iri, kwete kungodzorwa chete.

Tarisira kuti ramangano iri rinoreva nguva refu kupfuura ramangano zvebenzodiazepine kana methamphetamine muenzaniso uyu. Zvakanyorwa mumutero weGHB pachayo zvinoratidza zvakajeka: "kusiyana nemarudzi akawanda emamiroro, apo nhamba huru dzinotanga nguva 4-8 vhiki, kuwedzera kweGABA-B receptor kweGHB kunenge kwakadzikama uye kunorewa kwenguva refu. Kugadzirisa kweGABA kunenge kuchitora mwedzi mitatu kusvika sitano." Kutarisa ramangano zvebenzodiazepine kana meth-guide pano kunogona kukubata kuti unonzwa kuti kupora hakuna kuita, asi zvinoita kuti upore sezvakaitwa.

Itaurai 3 - Zvinotora Nguva Dzese Kusvikira Muviri Wenhengo Inova Sekwaari?

Mubvunzo wepano unoratidza kuti mhinduro yacho inonetsa kupfuura yemamwe mamweduri atiri kushandisa zvino. Kudzorwa kwezvinoreva GABA-B, kunogona kuenderera kusvika kuzoripo zvakanyanya munguva dzekuti dziya 12 kusvika 18, hakusi kungoratidza kuti zviratidziko zvapera – asi inoratidza kuti mushonga wepwere unovaka mune yekutarisira yechokwadi mukati memuviri, apo yaiva yakanga yasvikisa kuita basa rake nekuda kwechinangwa chekuti ichibhadharwa nguva dzese dzekuenda nemwedzi, kana kunyange kwenguva refu zvekuti zvakaita kuti munhu ave nechirwere. Zvakanaka kukashinga nezvezvinhu izvi: kwamunhu akanga achibhadhara mushonga nguva dzose, GHB yakanga isiri kungova chinhu chinenge chiri kushandiswa – asi yaiva ichishanda seiyo system yekutarisira yemuviri. Kuvaka iyo system yekutarisira mukati memuviri inotora nguva chaiye.

KUZVINZWA

Kana iri mwedzi wa5 kana 6 uye uchiri kuita "anxiety waves" dzichiuuya pasina zvinangwa, izvo hazvirevi kuti kugadzirwa kwacho hakuna kushanda – zvinoenderana nemutsetse wepamusoro, uri pachinzvimbo chaiyo iyo biology inotaura. Kupedza kufamba uku kunotarisirwa kuva mwaka wese, kwete mavhiki mashoma. Iri haina kuita kuti uzeve, asi ndeimwe nhamba yechokwadi, uye zvinoreva kuti "anxiety waves" dzauchiri kuzviona ndedzo dzinofanira kuva, kwete chiratidzo chekusuwika.

Sezheni re4 - Zvaunenge Wanga Watadza Kuona.

Nguva yekudzoka kubva muchimiro chekushanduka kwehutano, iyo yakatevera nguva yechisiminyu chakadaro sekwaonekwa muSection 2, inenge nehunhu hwakasiyana zvinoita kuti iite zvinoreva.

- Kusuru kwekunyanya kunogona kuuya semafashoni anenge achifamba, kwete sezviri zvinoenderera nezvakaregedzwa. Iri nyaya inowanikwa mumamiriro ekudzokorora kushandiswa kweGHB, uye haisi chiratidzo chekuti ngozi yekudonha mune zvaakanga akaita iri kukura pachake.

- Kurara zvakanyanya kunetsa, zvikurumbira kwaari yese iyeye ane akanga achitora mishonga usiku kusvika kusvika kuti ave nechokwadi chekuti anorara – miviri inofanirwa kudzidza zvakare kuti inganeta uye irambe ichirova pasina kushandiswa kwemishonga inoshandisa GABA-B agonist.
- Mhando yekusavhunduka yakakosha, isiri yemanzwiro chete - kwamari dzinogadzirisa zuva rose (kuderedza kwemwedzi, kushandiswa kazhinji), chinhu ichi chakagadzira huwandunura hwezuva. Kubvisa chinhu icho kunogona kuita kuti munhu asavhunduke pamusoro penguva uye pachake, asiwo nekuda kwekushanda kwezvinhu mumuviri - kwete kungobvuma "ndinonzwa zvakadini?", asiwo "ndinoitira sei nguva yangu izvozvi?"
- Kusanzwisiswa kuti zvinhu zvinogona kuwedzera kushungurudzika yemiviri, uye izvi zvinogona kupfuura nguva yekutanga kwechirwere - kusimudza kwemwoyo kana kurasikirira mvura panguva yekushungurudzika yakajairwa, zvinoita kuti munhu azviziva sezvakaitwa munguva yekubuda kwezviratidzo pakutanga, asi nekuvharidzika kudiki.

Sezheni 5 - Kushingirira kweZvakafanana zveGeneti.

Jeni.	Zvinogadzirisa.	GHB yekudzorerwa zvakakosha.
GABRA2	GABA-A receptor alpha-2 subunit - simba remusoro rekudzora zvinhu.	Gene rekufungidzira inonyanya kukosha yekukuvadza neGHB. Vanhu vane zvakanyanya ngozi zvekushandiswa kweiyi gene vanenge vaine simba rakaderera remamiriro ekudzivirira, uye GHB inovhura zvakanyanya iyi system isina simba. Iyi profile inoreva kuti GABA ichadzikira pakadzika, PAWS (withdrawal symptoms) inenge yakashata, uye zvinodaidzwa kuti uende nekufamba kwezvo (mandatory) kuti ubatsire muviri wako kuti uwedzere GABA zvakanyanya - ona chikamu che9.
GABBR1 / GABBR2	Genes dzekiredzi re-GABA-B - kiredzi rekutanga iro GHB inoshanda.	Mamiriro akakosha zvikuru kune GHB, asi asingafaniri kushandiswa seGABRA2 inoshandiswa nezvinhu zvakadai senyama/doro. Zvakanyanya kukosha kuziva kuti mhando dzakasiyana dzinogona kuita kuti munhu ave nemanzwiro akasiyana-siyana kune GHB uye kuti zvinenge zvakaipa sei kana munhu achidya GHB kwenguva refu. Parizvino, hazvipo zvinhu zvekuongorora izvi, asi zvakakosha kuona kuti zvaunenge

Jeni.	Zvinogadzirisa.	GHB yekudzorerwa zvakakosha.
		uchifamba nekufamba nemaitiro.
COMT (Val158Met)	Kudzorora dopamine uye kemikaro yekushungurudzika.	Met/Met ('Sage,' kuchena zvakaderera) inomwe pakushandiswa kweGHB kunoita kuti vanhu vave nechido chekumanikidzwa—iyi mishonga inobvisa kushungurudzika nekubatsira GABA-B, iyo inogona kubatsira mumamiriro akaita sokunge munhu aine system yakaderera. Val/Val ('Warrior') inomwe pakushandiswa kweGHB kunoita kuti vanhu vashandise mishonga inokonzera kufara, uye GHB inoshanda sechimwedzo chekumanikidzwa kunokonzerwa nemishonga iyo. Izvi zvinoratidza nzira yekudzoka: "Sage" inoda kuva nechitarisiko chekunyaradza; "Warrior" inoda manejimendi ekushungurudza.
MTHFR	Metilation - kuumbwa kwe neurotransmitters.	Inokanganisa kusvika pakukuvadza kwehunyenganyenga hweiyi. Kuwedzera kwe5-MTHF kunonyanya kushandiswa uye kazhinji kunounza kupona kwakaonekwa munguva pfupi. GHB inowedzererawo zvimwi zvevitamini B kuburikidzo nezvinhu zvinoshandiswa neiyi, saka kuvandudza methylation kunenge kufanira kuitwa nekukurumazana panguva yekupona pakutanga.
DRD2 / ANKK1 (Taq1A)	Dopamine D2 receptor density - Syndrome ye Kushoma.	Inzvimbo dzinonyanya kukosha, kunyanya munharau dzakadai sechemsex uye manheru, uko GHB inobatsira zvishoma kushanduka kwe dopamine iyo inokonzera kufara. Kupona kunofanirwa kuvaka zvakare midziyo yekufara ye-dopamine zvakananga, kana kuti kumanikidzwa kwemwoyo wekudzoka kuGHB (kana chinhu chinobatsira kushanduka kwe-dopamine) richiri kupinza.
SLC6A4 (5-HTTLPR)	Kusimbisa kwe serotonin transporter.	Vanhu vane makemari akadzika uye vanenge vachitambura nechido chekurota, vanogona kuzvizvinzwa zvakanyanya, uye izvi zvinovatungamirira kuti vashandise zviduku zvekurapa zvinosanganisira GABA kuti vakwane rugare. Kuitiridzwa kwekurapwa kunofanira

Jeni.	Zvinogadzirisa.	GHB yekudzorerwa zvakakosha.
		kutarisisawo system ye serotonin pamwe neGABA — 5-HTP uye 5-MTHF inobatsira zvose izvi.
CYP2C19 / CYP3A4	Metabolizheni ye-baclofen nebenzodiazepines inoshandiswa mukurapa kweGHB.	Inzvimbo dzinobatsira pakutarisira zvinetso zvevashandi - vanhu vane makemikari akaderera anogona kuunganidza muchiitiko chakaita sebaclofen pa dosage yakajairwa; vanhu vanoita kemikari nekukurukuri kazhinji vanoda dosages dzakakura. Zvikuru, nyorera chiremba ari kuvadzidzisa nezvechero zvaunoziva pamusoro pezvinhu izvi.
ADH1B / ALDH2	Alkohol uye nekufambiswa kwezviduku zvemukati me 1,4-BD.	Inzvimbo dzinonyanya kufanira kune vaishandisa 1,4-BD — nzira yeADH/ALDH ndiyo inoshandura 1,4-BD kuGHB mumuviri. Vanhu vane ALDH2*2 vanenge vachidya 1,4-BD pamwe neinomwe, vanogona kuziva zvinhu zvinonyanya kushungurudzwa nekuda kwezvirimbi zvekuita kwenzira iyi, uye kunyudza kwe acetaldehyde. Kuongorora midziyo yemuviri (liver function testing) ndezvekutanga kune guru rino revarwere.

Ivo Anenge NePeranho Rakakura – Kubatana MaGenes.

Ivo yevanhu vane uchengetedzo hwemwoyo hwekusangana nechirwere (dependence) wekutanga?

Ivo vese vanogona kusangana nechirwere, asi vamwe vanenge vakanganisika kuti vasangana nezvirwere zvakaita sei:

* Vamwe vanogona kusangana nemamiranye akaderera ekushandisa zvinodhaka.
* Vamwe vanogona kusangana nemamiranye akaderera ekushandisa mishonga.
* Vamwe vanogona kusangana nezvirwere zvakaita sekusavapo kwezvinhu zvinobatsira mumuviri (nutritional deficiencies).

Ivo vese vanogona kusangana nechirwere, asi vamwe vanenge vakanganisika kuti vasangana nezvirwere zvakaita sei.

Ivo vane uchengetedzo hwemwoyo hwekusangana nechirwere wekutanga:

* Vamwe vanogona kusangana nemamiranye akaderera ekushandisa zvinodhaka.
* Vamwe vanogona kusangana nemamiranye akaderera ekushandisa mishonga.
* Vamwe vanogona kusangana nezvirwere zvakaita sekusavapo kwezvinhu

zvinobatsira mumuviri (nutritional deficiencies).

Ivo vane uchengetedzo hwemwoyo hwekubviswa kwemirwi uye kudzikisira kushandiswa kwayo:

* Vamwe vanogona kusangana nemamiranye akaderera ekushandisa zvinodhaka.
* Vamwe vanogona kusangana nemamiranye akaderera ekushandisa mishonga.
* Vamwe vanogona

Zvichemo.	MaGenes Anozivhuya Nyaya Iyi.	Ndinonzwa kuti sei?
Ivo anenge akanganwa zvakanyanya kufa nekuda kweGHB.	GABRA2 inenge nechokwadi chekuparara, uye COMT yejiini iri nehuwandu hwemutsvuku mumitambo yayo mbiri.	Iyi kombinationo inonyanya kushungurudzwa muchigadziriso (compendium) seiyo "Hard Fail" iyo inowanikwa kune zvinonzi GABAergic substances: sisitimu yekubvisa yakaoma uye isina simba zvakakwana (GABRA2), pamwe nechirwere chemuviri chinonyanya kushungurudzika, chakanyanya kusvibiswa, uye kwakaoma kuchinja (Met/Met). Kushanda kweGHB nekukurumidza uye zvizhinji kupfupa kunonyatsofanira kune iyi nyaya - hazvisi kuti munhu uyu asina simba, asi GHB inopindira mubvunzo yakakura uye chaiye yemubiri kumunhu uyu kupfuura kuvanhu vasina kombinationo iyi.
Ndivo anozotambura zvikuru pakubva uye kupfupa kwezvinodhaka, pasina zvakakosha nezvechikonzero chakaita kuti avhare.	GABRA2, zvakanyanya ngozi + GABBR1/GABBR2.	Iyi genes dzinoita basa pane zvinhu zvinoshanda mumuviri, asi hadziitire pachinzvimbo chekufunga. GABRA2 inoratidza kuchengetedzwa kwekusanzwisisisa; GABBR1/GABBR2 inoratidza kunzwisisa uye kuita kuti zvinhu zvidonhedze pa receptor yacho iyo GHB inoshanda. Iyi profile inoratidza kuti kuchinja

Zvichemo.	MaGenes Anozivhuya Nyaya Iyi.	Ndinonzwa kuti sei?
		kwakadzikama kuchidikanwa, uye PAWS (Post-Acute Withdrawal Syndrome) inzvimbo yakanyanya, isiri pachena kunyatsosarudzwa nemamiriro ezvinhu emunhu zvine hukama nedrug iri.

⚠ YERAI.

COMT genotype haisagona kuti ibatsirane nekuti kuderedza dosage kunobudirira here — izvo zvinongomirirwa nemajeni eGABA receptor ari pamusoro, asi kwete nekukwirisa kwe dopamine. ZvaCOMT zvakakosha ndechekuti nei munhu akatanga kushandisa chinhu uye kuti recovery yavo inofanira kuenderera sei pashure pekuderedza dosage. Munhu ane 'Sage' profile (Met/Met) anoda kuderedza dosage yeGHB, anofanirwa kuvadzidzisa kuderedza dosage zvakafanana nemunhu wese ane GABRA2/GABBR status yake — asi basa rake rekureva remwedzi inenge yapfuura rekuderedza dosage rinofanira kunge iri pakuvaka kuchengetedzo (kusavhiringidzika), nekuti kusavhiringidzika kwacho kwainge kwakaitwa kare panguva yekushandisa GHB uye kunoda mhinduro chaiyewo. Munhu ane 'Warrior' profile (Val/Val), anowanzo... Kusiyana kwemaitiro ekushandisa zvinodhaka uye zvinhu zvinonyadza, inofanira kushandiswa nemamiriro ekutarisira kuti zvinonyadza izvo. Zvakanakisisa ndezvekubhadhara pfungwa pazvakakosha, asi kwete kungobudirira kuzoramba wakanyaradziwa. Nzira yekudzikisira zvinhu inofanirwa kuita nenzira imwechete, asi chinangwa chekudzokera kunyasha chinosiyana.

Sezheni 6 - Vabereki Vakasiyana-siyana.

Mamiriro.	Chii chinogara pachinzvimbo yacho?
Sodium oxybate inorambwa kwekurapa kushungurudzika uye kutonhora.	Sodium oxybate (pharmaceutical GHB) ndiyo nzira yakanakira kushandiswa mune zvinhu zvekuti zvinoita kuti munhu asvike. Kudedera kwezvinodhaka kunogona kuuya, asi izvo chinhu chinodiwa pakurapa, kwete kushorowedza kana kuti kufunga kuti munhu akanganisa. Kuzeva kushandiswa kwayo kunoda rubatsiro kubva kumudokero ane ruzivo, nekuti zviratidzo zvekunyanya kuda kuine simba zvichadzikira kana kushandiswa kwacho kwadzimwa. Zvimwe zvinogona kushandiswa pakurapa (modafinil, armodafinil, solriamfetol, pitolisant) zvinofanirwa kugadziriswa uye kushandiswa panguva imwechete nekuwedzera kwehuwandu hwayo. Izvi ndicho chinhu chinogona kuitwa nemudokero ane ruzivo, kwete kuti munhu azvirege aende.

Mamiriro.	Chii chinogara pachinzvimbo yacho?
GHB inoshandiswa somuenzaniso wepfefe zvakazvimiririra.	Vamwe vanoshandisa GHB zvakanyanya kuti vadzikise kunwa doro – vachidzorera imwe chemhando yechemikadzi inonzi GABA neimwe inenge ine mikova yakasiyana. GHB inogona kuva nemikova yekukuvadzika kwayo kumiviri yemuropa kana ichishandiswa zvakaderere, asi kushandiswa kwayo kunonyadzisa uye ngozi yekupfuura kwezvanoita zvinenge zvakati siyana. Kana izvi zvikufananidzira iwe, mikova yezvinhu zviviri inogona kuva pamwechete, uye kufunga kwemishonga nemushakizha wehutano kunodiwa pamberi pekuti uedze kudzikisa kushandiswa kwechimwe chinhu.
Kushandiswa mumitambo uye mukuvaka muviri kuti zvishandise hormone yekukura.	GHB inokonzera kuburuka kwehormone yekukura mumuviri apo inoshandiswa nemitsetse yakaderera, isingashandiswi zvakanyanya kwekufara, uye imwe yemabhodhi emuropa nevafambi vanoyishandisa nekuda kwemaitiro iwayo. Vanenge vachiyidya zuva rega rega, vachifunga kuti inobatsira mukudzoka kwevhu rinopora uye kukura kwemusumbu panzvimbo yekushandiswa kwekufara. Iyi ndiyo nzira yakawanda uye isinganzwisiswi zvakakwana yekuona kuti munhu anenge akamanikidzwa neGHB nekuti haitaure kana ari kushandisa chinhu chinonyadzisa: inodya wakazvakamisa, nemutsetse wenguva, kune chikonzero chakatariswa chekuvandudza zvinhu, izvo zvinogona kukanganisa kuti munhu aone kuti anenge akamanikidzwa neiyi chinhu kusvikira upenyu hwake hwavatumirwa kunyatsotsigirwa nemishonga. Maitiro ekuyidya zuva rega rega ndiyo nzira imwechete. inotsanangurwa muSection 1 neSection 4 — dosage yakangoitiridzwa uye yakanangwa, inogona kuumbwa zvakanyanya, kusanganisira kutarisana nekukuvadza kwemuviri uye kudzokorora kwezvinodhaka, pasinei nechikonzero chakataurwa chekushandisa. Kupona kunofanirwa kuchiva chinhu chinonyadzva pachinzvimbo cheGABA system — nzira dzinogona kusimbisa hormone yekukura (growth hormone) zvakanyanya (sekufara kwekunyara, kufunga kwakanaka, kudzidzisa nemitsetse yakaderera) dziri nani pane zvinodhaka; peptides dzinonyadzva pachinzvimbo chehormone yekukura, dzinogoverwa nemudokotori (senge ipamorelin), dzashandiswa semamiriro ekubatsira mumamwe mamiriro. Vanoenda kunoona zvinhu zvekutarisira vanoda kufungidzira zvakasiyana: kushandisa chinhu chinowedzerera kuti zvive zvakanaka, asi zvichikonzera kudzokorora kwezvinodhaka, hazvifaniri kuonekwa sechimwe kana chikuru. yezvakakosha nezvekushanduka kupfuura zveshingi dzimwe zviri muvhaya iyi - mabvi haabvumidzi chido chakaziviswa.
Festivha yedance uye tsika yekurayira.	Nhoroho yechikoro chakanga chiri imwe yemaitiro akawanda ekupinda mukushandisa GHB — dosage inofara uye inogadzirisa hukama, inovharidzwa pamusangano kana festival, kazhinji pamwe chete neMDMA, ketamine, kana doro, ichishandiswa kuwedzera chiitiko kana kuti kubatsira kushanda kwezvinonyadza. Iriwo zvakare chinhu chinonetsa chiri pachinzvimbo yekutanga, 'kusanzwisiswa', nekuti mumusangano nemabhawa, GHB inenge yakayerwa nekuiswa muvharu kubva mubhodhoro risina label,

Mamiriro.	Chii chinogara pachinzvimbo yacho?
	inovharidzwa nevamwe vasinoziva kuti zvakawanda sei, pamusoro pekunetseka kwevanhu pachavo nezvekuti vakanga vanyadza zvakawanda sei usiku hunenge hwapfuura. Kusiyana kwemazinga emamiroro mumubhodhoro rimwe chete. uye zvakawanda zvekushandiswa kweGHB hazvisi zvinhu zvinonetsa; zvinenge zvayo kazhinji, uye ndicho chikonzero nekuda kwacho kuti zvikanganiso zvekushandisa GHB zvinowanzowanikwa munzvimbo dzekufambira nemisika. Kusanduka kuita kushandiswa kwechokwadi kunonetsa hakuna kungava chinhu chakaitika kamwe chete; asi kushandiswa pakati pezvakawanda, kuti uchengete manzwiro ayo akaita kushandiswa kwemwedzi, kana kuti kuti ubatsirwe nekunhuwirira, uye kushandiswa kunowedzera nezve nguva sezvo misika yemitambo inenge yasvika. Kushandiswa kwealcohol pamwe chete ndiko kwakawandawo munzvimbo iyi, nekuda kwezviri kuitwa - ona "Hard Fail" muSection 5.
Kushandisa zvigadzirwa zvepakutongofira uye kugadzira zvemashosiya emwedzi.	Chikomba chitsva ichi, chinonyanya kusiyana nemamiriro akawanda, uye zvinokurudzirwa kuti rifuridzwe pasi pezita rakazvimiririra pane kuiswa mune "upenyu hwehusiku" zvakajairika. Kushandisa kamera, pamberi kwevanhu, kunounza mubayiro wechipiri pamusoro pemubayiro wekemikari – kufunga kwevanoona munguva chaiyo uye kushanda kwavo kunosimbudza nzira dzekubatirwa zve dopamine dzakafanana nemushonga iwozvo, uye izvi zvinogona kusimbisa mumamiriro akaita kuti kuwedzera kuitwe nekukurudzira kupfuura kushandiswa kwechaiko. Iri miriro inogadzirisa zvinhu zvekuchengetedza zvaanenge ari mune mamwe mashoko: munhu anoramba ari pedyo achigona kuziva kana munhu akanganwa uye — ita basa, nyudza rubatsiro, gadza munhu achipera zvakanaka, bvisa zvinogona kuipa kubva padyo. Vaenzi vanotarisira chishongishe chinoiswa pa-livestream havarege kuita izvi. Kuoneka hakusi chinhu chakakosha sekuchengetedzwa, uye imba yevateereri, muchokwadi, inofanana nekuva wega. GHB kana GBL yazvino inowanzogadzirwa mumidziyo yakafukidzwa — semabhodhoro emvura yemhepo, mabhodhoro emvura yekutambudzika — dzimwe ngu dzinobva kune vamwe vanhu panzvimbo yeanoita iye munhu achishandisa. Izvi anowedzera ngozi yakataurwa muSection 1 (kusaziva huwandu) neimwe nzira: kusaziva zvinogona kuve mumabhodhoro, pamusoro pezvo. kusaziva simba rayo.

KUZVINZWA

Kune chirevo chinonyanya kukosha chinoiswa kunze kwefomu iri pamusoro nekuti harina kushandirwa zvakanyatsogadzikana nekuti hairikubva pachikonzero chekuti munhu anotanga kushandisa GHB. Iri pachenga pazviri uko kushandiswa kwacho kuchitika. Kana chivakwa, chipatara, boka remunhu, kana nharau dzichiramba kana kuvadzika munhu nekushandiswa kwake, kushandiswa pachayo kazhinji hakatomire. Zvinoshanduka ndeukuwo uko zvaanotanga kuchitika. Munhu aishandisa achiri nemunhu akamuperekedza - kunyange kana zvaiita nezvinhu zvisina kukwana, kana kuti zvisingawanzoitwe - anogona kushanda wega, kumba, nekuda kwezvikanganiso

zvepakati pevanhu ainge ashandisa kwacho. Kudonhedza uku kubva ku "munhu akamuperekedza" "Kuti 'haisi munhu," kana kuti "hakuna mumwe akapiri," haisi chinhu chidiki. Ndicho chinhu chinogona kusiyana pakati pekukuvadzwa kwakaonekwa uye kunogona kuchengetedzwa, nekuvadzwa kusingaonekwi uye kunenge kuchakonzera kufa. Kusungirirwa, zvimwe zvinoreva kuti nyaya inova yakanyanya kuoma uye inenge ine ngozi kupfuura yacho yekare. Kana izvi zvikataurirana nezvakaitika kwauri — kusungirirwa, kusuwa kwevamwe, kana nharau dzakaitwa nemumwe — iro rusunungiso urwu raive chipo, risiri kuti waifanira kuita zvinhu wega. Raive mhedzisiro yekuti uko kwanga kwava nechokwadi chekuti uyu munhu anogona kubatsirwa, uye haisati yave pfungwa yekuti iwe waifanira kubatsirwa here kana kuti hongu.

Sezheni 7 - Shandisa Sarudzo yeMhando.

Zvazviri pachenguva, sarudzo dzepamwedzwa dzedokumenti iri dzakatariswa pachinzira chinonyanya kutyisa chekushandisa GHB - nekuti inzira iyoyo inogona kukonzera kufa, uye kuita kuti zvinhu zviende zvakanaka munzira iyi ndezvakakosha kupfuura chero chinhamwari. Asi vanhu vakawanda vanoshandisa GHB havasi panenzira yacho, uye munhu anoshandisa kamwe pavhiki uyo anoda kungorega anofanirwa kuva nechokwadi chekuti mhinduro yake haisi "enda kuchipatara," asi mhinduro yakakosha zvakaitangi.

Level	**Chimhata.**	**Risiko rekutonhora/kusununguka.**	**[Zvakakosha kuti uzive]** *** Kurega zvinhu zvinenge wakaita, kunyanya kana uine utano hwemunyama, hunoda kuti uite:** *** **Kubvumira:** Kuziva kuti unoda kubvisa chinhu.** *** **Kuronga:** Kuita plan yekuenda mberi.** *** **Kutsigirwa:** Kufunga nezvevanhu vanogona kukubatsira.** *** **Kudzidzisa:** Kunzwa zvakanyanya kuti unoda kubvisa chinhu, uye kunyatsotarisana nazvo.**

			[Zvakakosha kuti uzive] *** Kana uchida kurega kushandisa zvinodhaka kana manharanzira, inogona kuva nzira yakadiki:** *** **Kutsvaga rubato:** Kutaura nevamwe vanhu vanokubatsira.** *** **Kushandisa mishonga:** Kushandiswa kwezvimiro zvakadai se *Recovery Kernel*, *Naloxone*.** *** **Kuvhima mwoyo:** Kuziva kuti unogona kuzvibata, uye kunyatsotarisana nazvo.** **[Zvakakosha kuti uzive]** *** Kana uchida kurega kushandisa zvinodhaka kana manharanzira, inogona kuva nzira yakadiki:** *** **Kuvhura pfungwa:** Kuziva kuti unoda kubvisa chinhu.** *** **Kuronga:** Kuita plan yekuenda mberi.** *** **Kutsigirwa:** Kufunga nezvevanhu vanogona kukubatsira.**
1 — Yakaderera / yekutanga.	Kana zvichidikanwa chete, pasina chikonzero chakajairika.	Zvikadiki zvikadiki.	Kunyengera mumuviri hakafanire kuva chinhu chinonyanya kunetsa pamazuva ano. Kana uchida kudzima, unogona kungo dzima. Chinhu chikuru chauchaita

			ndechokunzwisisa kuti nei zvakanga zvinokwezvera (tafura yemusoro we6). Izvi zvinobvumira kuti usawanikane nechinhu chinonyadzisa munguva yakatevera.
2 — Inenge nyaya dzekadiki / zvepakare	Nguva dzenguva, kana uchangobuda, inogona kuve yakafanana nemamiriro akaita sekuenda kumatambudziko, kushandisa zvinodhaka, nezvimwe. Izvi hazvifanire kukura nekufamba kwenguva.	Pakati.	Kuti urege pachake inogona kuita zvinobudirira kune vanhu vakawanda pamazuva ano. Zvinhu zvinodiwa: Ndava kufamba here? Ndava kushandisa zvimwe zvinhu here mumazuva ese? Kana imwe yemhando dziri pamusoro ichiitika, inogona kuturikira kuti uri kuenda kuLevel 3 panzvimbo yekuramba paLevel 2.
3 — Kushanduka kwevanhu vasina kushandiswa zvakajairika, asi vasiri vanofarira.	Nguva dzenguva, kusiri kuwedzera nekukurumidza, kwete kushandiswa kwecheduru usiku, uye pasina zviratidzo zvekurwara zvakaratidzwa pakati pezvishandiso (kusava nechido, kutya, kana kupisa panguva yekushandisa kunotarisirwa).	Inenge inogona kuderera asi kazhinji inogona kurongwa pasina kuchengetedzwa kwehutano.	Iyi nharaunda inenge ichitsungirira vanhu vakawanda zvikuru mumanyorero eGHB, kusanganisira mazuva ekare evanogadzira bhuku iri. Kuzevhara kunonetsa, asi kazhinji kwakadaro kunobvumira kuti ukwanise kuita pasina kubatsirwa kwevarwere vanogara zvakawanda – asi "kunobvumira" hakusi "kwechokwadi," saka zvinonyatsoiswa kuti ubatane nemudokotori mazuva ano usati watanga kuzevhara, kunyanya kuti uve nechokwadi chekuti hauna kushandiswa. Zvikamu zve9, Tier 1 neTier 3 (uchena uye kutsigirwa kwe-GABA yemhando dzemamwedzi) anogona

			kushandiswa zvakananga pano, ukanotangisa pakarepo panze pekukwanisa kubatsirwa kwemazuva akawanda.
4 — Kusimudzika / kusimbisa zvinhu zvinogona kukonzera kushingirira.	Kudonha kana dosage yakawedzera; kunenge kuchikwaniso kusawirirana pakati pezvakatangwa.	Yakadzikira uye ichikura nekukurukidza.	Iri ndiro iyo uko kutarisira kwechinangwa chekurapa panguva yekumisa kunoreva kuti haisi chinhu chinogona kudzikanwa, asi zvino zvinova chidikanzo chakakosha chengozi — kunyange pasina kushandiswa zuva nezuva, kuwanda pachayo ndicho chiratidzo chekuti iyo GABA-B system iri kuchinja. Usamirire kusvika paLevel 5 kuti uburuke kune chiremba.
5 — Inokanganiswa (mhimbiri yengozi).	Kazvo katatu pazuva, kusanganisa nekushandiswa usiku kuti zvibatsire kudzora kufa.	Inofara – iyi ndiyo nhanho iyo Section 0 inotsinhira kuti inzvimbo yekutambudzika inoda kubviswa zvinyoro pasi pevabatsiri.	Usadzingise zvinhu pachako pasina kutarisirwa kwevashandi vehutano mune chero nyaya. Iri mirayiro yekurapa inogadzirirwa vanhu vanogara muSection 8.

🔚 DZAKAMAHARA

Kana uri paLevel 2 kana 3 uye uchiverenga urai hurongwa hwese wepfungwa dzekunetsa, uchingonzwa kuti zvinokubata here—zvakakosha kuzvitaura zvakananga: kazhinji hazvibate, uye izvo ndizvinhu zvakanaka, kwete chikonzero chekurega urai hurongwa. Kunetseka kweSection 0 kunofanirwa kune Level 5, uye kwaifanira kucherekedzwa zvakajeka pakutanga nekuti panopfuura vanhu pachinzvimbo iyoyo. Asi kuda kuti urege kushandisa chinhu chakangoita sarudzo wevhiki nevhiki, usina kunoregererwa, ndicho chikonzero chakakosha chekuda kuve pano, uye hazvafanire kushandiswa nzira dzinechekupera dzekunetsa zveSection 8 kuti uderere zviri njodzi—kazhinji zvinongodawo imwechete. Chiremba anofanira kuongorora zvinhu, uye chero shanduko yakakosha inoda kufungidzirwa. Uye basa rekudzorerera kwezvaanaka rakaita muSection 9, rinobudirira zvekuti rinogona kutanga nemamiriro akaderera kana ekupinza.

Kuchengetedza zvinhu zvikuru: Runyarwo inonzi "risk factor" isiri zvakabatwa nekushandiswa kwezvo.

Izvo zvinoshanda kune ese masango mutaburu iri pamusoro, kwete kungoenda kumugumisiro wekumhara: kuchengetedza huwandu hwakakura hwezvinhu uchidzivirira zvimweni, uye inenge chiito chakasiyana nekuita kuti zvinhu zviwanikwe kazhinji. Kuva nechinhu chiri nyore kunoshanda maitiro - huwandu hwakakurika hunoderedza chinhu chinonetsa chinogona kuve huchipihwa nemhando dzidiki dzinonyanya kusvibiswa. Apo munhu akatanga kufara, uye pfungwa yake yakaderera, kuva nechinhu chakakura padyo kunobvumira kuti anotore imwe dose pasina kutarisira kupfuura kungavaite kana aida kuwana zvimweni, anofanirwa kubuda, kukamira, kana kuteerera mumwe munhu. Izvi ndizvo zvinoshandawo mune mamwe maitiro ekugadzirisa nharaunda. Recovery Kernel (Compendium Protocol 05) — kuwana iyo pachayo kunowanikira chikomba chekurwisana nemamiriso, kwete zvese zviri nezvinhu.

⚠ YERAI.

Ngozi inowedzwa inonyanya neGHB nekuti Sevhisi 1 yakaona kuti kunenge kusava nechokwadi chekugadzikana kwehuwandu. Hwaro hombe rakachengetwa — zvakanyanya GBL kana 1,4-BD, kana GHB yakabva kumubhengi usina label — haisati chine chengaicho chekuti huwandu huchagara uchigadzikana kubvira pachiyero chekutanga kusvika pachiyero chechipiri. Kuedza zvakawanda kubva muchimbuzi hombe imwechete, achinge akatambura uye achinge asina kugona kuzvionera zvakanaka huwandu hwemari anowedzera, inzira yakaratidzirwa inova nechokwadi chekuyanduka uye kufa. Hwaro hombe pachake haungorei kungopa mukana wekushandisa zvakawanda — anounzawo mhando chaiye yedambudziko rekugadzirisa huwandu iyoyo iyo bhuku iri rose rinoda kukuridzira. anenge akanganisira.

Kana kuchembera kana kurega chinhu chikabvumirwa panyaya ipi zvayo mutsara iri pamusoro, kupfupa kwazvo kwezvinhu zvinogona kushandiswa - uye isiri chete kuda kushandisa zvishoma - inzira yakachena uye inobudirira yechokwadi yaunogona kuita, kunze kwechero chinhu chinobatanidzwa nemishonga.

Section 8 - Dhizira Dzekurapa Dzekubvisa Zvinodhaka.

Iri denderi rinobatsira iwe kana munhu anokubatsira kuti uvatise zvigadzirwa zvinofanira - kuvhara kweGHB kazhinji hakafaniri zvakakwana mumitambo yekurapa yakaoma, uye kuziva sarudzo dzakangodaro pamberi kungaita musiyano mune zvaunogona kukumbirwa nevarapi.

Mudzidziso.	Maitiro.	Zvinotaura Zvekuroga
Baclofen, kuderedzwa zvakanyanya kana zvikwanika.	GABA-B agonist - inokanganisa zvakananga GHB panzvimbo yepa	Mudzidziso wekurapa unonzwisiswa zvakanyanya. Dosi dzinodiwa dzinenge dzakapfuura —

Mudzidziso.	Maitiro.	Zvinotaura Zvekuroga
	receptor; hupfupi hwakadaro hunoreva kuti kunyatsopedza zvinogona kuitwa zvine hutano.	kusvika kuma 200-300mg pazuva — uye zvinofanira kugadziridzwa nemweya. Hazvo zvesarudzo dzese dzekutarisira zvine ruzivo nezve baclofen kune chikonzero ichi; iwe unogona kunge uchida kutsigira kushandiswa kwacho, uchiita basa rekutaura zviri mubhuku rezvakaitwa (Addolorato et al. 2009; Bell et al. 2011) kana kuti vasati vakwanisa kuzviziva.
Maitiro ekushandisa midizepinini yemhando yakakwirira (iyo inowanzoshandiswa munyaya).	GABA-A agonist - inogadzirisa iyo system yeGABA zvakazvimirira, ku receptor subtype yakasiyana neiyo yaGHB anodaira.	Inowedzerwa zvakawanda nekuti vanachiremba vekuderedera vanozviziva. Ingozvoita basa rekudzorerana nemishonga, asi inogona kunoda mishonga yakakura zvikuru kuti dzidzore kushungurudzika kwakadaro, uye pane ngozi yekutanga kutarisana nekushandiswa kwebenzodiazepine pamusoro pekudzorerwa kweGHB. Inoda kuongororwa zvakanyanya nemudokero.
Kuderedza kwemishonga ye-sodium oxybate.	Kubva pakushandisa zviduku zvakafanana nemutsviwo wakangobatanidzwa, uye nekuyera, saka kuita kuti uderere zvishoma nezvishoma.	Mudzidziso wekuporesa unobudirira zvikuru - mushonga mumwechete, ruzivo rwakanamirwa nezvemaererano akaita muchikafu, uye haisati yafanirwa kuti zvinhu zvepakati zvinofanira kuva nepfungwa. Inoshandiswa kumayuniti ekutarisira vanhu vane matambudziko ekushandisa chinhu; kugadziriswa kwacho kunenge kushoma kunze kwekudokero, uye inoda dokita ane ruzivo nezvematambudziko ekushandisa chinhu.
Fenobarbitari.	Barbiturate inoreba inogara kwenguva refu uye ine basa rekutanga kuita seGABA-A agonist; nguva yakareba yekupinda mumuviri (53-118 maawa) inounza mavhuremu akagara ari panzvimbo, anozviparadza pachake.	Inoshandiswa munzvimbo dzakakosha pakurapa zvinetso zvinonetsa zvekusununguka kwekemikari yeGABA uye kushandiswa kwemishonga yakawanda panguva imwechete. Inoda kufungidzira zvakanyatsogadzikana kwekurapwa kwehutano hwechipfuva. Haisi nzira yekutanga, asi inonyanya kuwanzoshanda mazuva anenge

Mudzidziso.	Maitiro.	Zvinotaura Zvekuroga
		asingaite zvimweni.
Mishonga inogona kushandiswa pamwe chete nemamiriro akataurwa ari pamusoro.	Clonidine yechirwere anenge aine "autonomic storm"; mishonga inopomhera mupungwa (haloperidol, quetiapine) yekurapa kusavhunduka/kutaridzika ; mishonga yekudzivirira kuderera; kunyoresa mvura nemidziyo yemuropa.	Kuderera kweGHB kunounza kusava nechokwadi kwakanyanya mumuviri uye zviratidzo zvepfungwa, uye mishandiro iyi inobatsira inotarisa zvishoma-zvishoma zviratidzo izvi, sezvakaratidzwa muSection 1 neSection 2.

⚠ YERAI.

Chinyorwa nezve kufuridzira: Pane zvakanyorwa zvehutano pamusoro pekutsvakurudza kwezvinhu zvinotevera: monocarboxylate transporters (MCTs), izvo zvinobatsira pakudzoka kwemwako GHB mumuviri, uye nezvekuti kuita kuti mweya uve nemakemikari akaderera (pH manipulation, kusanganisira nekuiswa kwe sodium bicarbonate) kungabatsira zvishoma pakubvisa GHB mumuviri. Zvakafanana nechinhu chinobatsirwa muchipatara panguva yekurapa yevanhu vakaurayiwa nemwedzi weaspirin. Muedzo wekushandisa chinhu chinoshanda kupokomberedza GABA-B (SCH-50911) yakaratidza kuti inogona kubatsira mune zvakanyorwa pamusoro pemhuka, asi isati yasvikarirwa kushandiswa kuvanhu. Zvese zviita zvepakurapa zviri pachinyorwa chinoratidzwa muchinyorwa chakafanirwa kuti "proof of concept," kwete kurapwa kwevanhu. Iyi ndiyo nzvimbo yekutsvakurudza inoshanda uye yakakosha, yakanakira kuziva. Haisi basa rekushandiswa kumba, uye haisi substitute yemitsetse yakaratidzwa pamusoro. Uku gwara harina kumbotarisira kuongorora dosages kana kuita zvekubatsira — gapu iri pakati pekuti "nzvimbo iyi inoshanda" ne "ino inogona kushandiswa nemunhu, isina kuchengetedzwa," ndicho chiri kuvhiringidza vanhu.

Kana kuenda kuchipatara kwakaoma chaizvo.

Hapana munhu wese anogona kuenda kuchipatara - nekuda kwekufamba kwekutarisisa, mari, mamiriro ezvinhu ekungopinda nyika, kana nemarudzi emamwe maererano. Iri dambudziko rinoda mhinduro chaiyo, uye chokwadi nderi kuti hazvisi zvataurwa munguva iyoyo - asi kuita zvekuve nechokwadi chekuti zvinangwa zviri pachena zvekushandiswa munzvimbo iyi.

Zvaunogona kuwana pasina kubvunzwa kuchipatara: *** Zvishandiso zvekurapa zvinowanikwa kumitambo.** *** Mitevedzerwo yekurapa inowanikwa kune vamwe vanotarisira zvakanyanya.** *** Recovery Kernel.** *** Naloxone.** *** COMT.** *** DRD2.** *** MTHFR.** *** Blueprint.** **findahelpline.com**	**Chii chinokosha nezvayo.**
Mafirimu ekubatsira nezvinhu zvinokuvadza.	Mamwe nyika dzine nhare dzekubatsira nezvinhu zvinonetsa kana zvakanganisa, uye vanogara pavakadaro vane varapi vakadzidziswa kuti vagone kubatsira mumamiriro akaita aya kure — kunyange mune mikova iyo kutakura munhu kuchitoda. Iyi ndiyo ruzivo kubva kuvarengi zvekare, kwete nyora. Kutaura nhare iyi inzira yakachena uye inoshingaira kupfuura kushandisa zvinyorwa chete, kunyange kana uchiri kure uye kunyange kana chipatara chisina kugona kukufamba nekukurumidza.
Tekinoroji yekurapa kure, apo inogoneka.	Kugona kwevhidhiyo kana kufonera nemushakabvu, kunyange uyo asingawanzoitira zvakananga, kunobvumira kutonga kwemaitiro ezvekurapa - kuongorora kuziva, kupfura, uye mhinduro kune zviratidzo sezvo zvichinja - nenzira iyo protocol isina kushanda inogona.
Usadaro wega panguva yekubvisa zvinhu zvinokuvadza.	Kana chipatara chiri pachena kuti hachikwanisi kushandiswa, chinhu chakakosha zvikuru chinoitika ndechekuti munhu ane hunyanzvi uye asina kunwa ave nomoyo wekuteerera, anogona kuongorora kufema uye kuziva kwemwoyo, akapa murwere chinzvimbo chekuvhara kana zvakakosha, uye anotanga kutsvaga rubatsiro nekukurukuri kana pazvo painenge pasina shanduko - asi kuti ashandise mishonga, asi kuti ave nechokwadi chekuti zvinenge zvaitwa munguva chaiyo.
Kutanga basa panguva isati yasvika pakukonzera ngozi, kwete panguva yangozi.	Kana kushoma kwevabatsiri zvakazivikanwa—siri chinhu chekufungira—nguva yakanaka zvikuru ndeyanguva yasati yatanga kuita kuti munhu abate zvinhu kazhinji, katatu kana kupfuura kwaari mazuva ese, sezvakaurirwa muSection 7. Nguva iyoyo inogona kunge iri nguva yatinogona kubatsira kuti angochipa zvinhu zvidiki-diki pasi pevabatsiri, nekuda kwezvakaita sekuwana rubatsiro, panzvimbo yekuti atangotanga kuoma uye asina nzvimbo yaanopinda.

KUZVINZWA

Kana uri kuverenga izvi nekuti chipatara haisi chaizvo chinhu chatinogona kukubatsira, ndinoda kuti tizive: icho chikanganiso chemamiriro ezvinhu nemaitiro anokukomberedza iwe, uye hazvisi chinhu ichi chirongwa chinogona kugadzirisa nekukupa protocol. Izvo zvinogona kuzviita ndevekukurudzira kune zvimwe zvinodiwa zvepakufoni izvo zvakagadzirirwa kuti zvibatsire mumamiriro akadai, uye kukubatsira kuti ubatise munguva yakareba, apo mwaya wemhinduro inogona kuva wakawanda, pane kungodaira kusvika nguva dzekuti mwaya uwande. Iri ndiyo yechokwadi, kunyange kana isiri iyo mhinduro yaungangofarira.

Iyo "30-Day Cliff": Imwe Nzira Inenge Isina Kuziviswa Nezvakawanda Zvekubatsira Panguva Yekupinda Mune Imwe Yakareba.

⚠ YERAI.

Chikafu chakajairwa chekuvhara chinofanira kuva nechizita chaiwo, nekuti chinoita kuti mwedzi wekukuvara wechipiri usave zvakafanana nekupera kwezvinangwa zvekushanda zvekurapwa: kurapwa kwemazuva akawanda kwekusimudzwa kweGHB (kazhinji anenge mamwe masere) kunoteerwa nekuburirwa nemedication ye *benzodiazepine* - kazhinji anenge mwedzi mitatu - inofanirwa kuita se "bridge" apo system ye GABA-B ichadzoka. Kana medikini yacho yasvika pakupera, pane zvakanyorwa kuti kudzoka kwemaitiro ekare kunowanzoitika panguva iyoyo. Izvi hazvisi kukundidzwa kwehunhu kana kuti kusimbiswa kwezvinangwa zvekuvhara. Ndicho chinhu chinogona kuita nekuda kwezviratidzo zvemishonga mumuviri.

Chikonzero ichi chinobata zvakananga kune mutsara we3: pa1 mwedzi, GABA-B receptor yekudzorerwa inoramba iri pachinzvimbo chekutanga - zvechokwadi, mwedzi yakawanda kubvira pakudzorerwa kwakakura sezva data remubvunzo uyu rinoratidza kuti inzova 12-18 mwedzi. Benzodiazepine yaive isingangobatanidzire zvinongoitika munguva iyoyo; yaiva kupinza GABA-A, ichibatsira zvishoma chete system yeGABA-B iyo isati yatangwa kuzadzwa zvakazara. Kana kuti chiremba achipesera nguva yekutora doro pachinzvimbo chezuva rekupedzisira, uye kazhinji pasina kucheshwa kwekuchekerera, uye kazhinji pasina kukubvumidzwa kuti urambe uchitora doro kunze kwemahospitali panguva iyo yacho yapera - munhu anozviziva kuti anotanga kuzotora doro zvakare. Chikomba chinogona kuuya pamberi pechikomba chemamwechete, uye chikomba ichocho chisinga zvakare kwanjira. Kushungurudzika nekutya kwakadaro kunozvimiririra mumuviri, kwete kungwariso, saka zvikuru kuti bvunzo yekubatsira pachake isingabatsire: kutaura kwekurapa ndiyo nzira yakanaka yemproblem hombe, asi haibatsiri kana system yeGABA-B isina kuzorodzwa uye inogadzira kushungurudzika kwenzvimbo.

Zvaaita nguva dzakangodaro, zvinhu zvinotevera zvinogona kuita kusava nechokwadi pakuronga kuti murwere adzokere kumba. *** Kusataura nezvekurudyi kwakakwana.** *** Kuregeredza zvido zvemurwere.** *** Kusakwanisa kubatsira murwere nemamiriro akaderera.** *** Kusaita zvinodiwa kuti murwere agare achitambudzika.** *** Kurega murwere asina rubato rwakakwana.**	**Chii chinoderedza ngozi iyi?**
Kudzidzisa kuti zvigadzirwa zvinogona kushandiswa kwemwedzi mitatu zviri kupedza nguva yokupona, panzvimbo pekunge ari banga remweya mumakore 12-18.	Kutarisa kuti zvinhu zvienderere zvakanaka apo murwere abva muchipatara, nekuda kwekuita kuti ave nechitoro chekufamba kuenda kuchiremba asati afuma - kwete kungomurayira kuti "enda uchitaura nachiremba," asi kuti amboitwa basa rekutanga kufamba.
Kugumisa kushandiswa kwebenzodiazepine pazuva rechimasikati remwedzi wechitatu panze pekukudzorera zvishoma nezvishoma.	Kudzokorora kunyatsosarirwa kwekutadza kushandisa mishonga inobva pachibvuma, uchishanda pamwe nechiremba ane ruzivo nezvekushandiswa kwezvinodhaka kana nemupfunganeti, uchitevera huwandu hwekuwedzera hunoshandiswa mune iyi bhuku yose panze pekutanga kungoripa mishonga uye kumira.
Kana tichifunga kuti kurapwa nekurudzira chete kunogona zvakwana kune utsinye unoshanduka.	Zvakadaro kuti kusuruva kwekusagadzikira kunogona kuuya zvakare panguva ino uye kunge kuri chinhu chinokonzera mwoyo (Section 3), uye zvinogona kudiwa rubatsiro rweLevel 1 neLevel 3 rakanyorwa muSection 9, kwete kungotarisira kuti vanhu vataure chete, pamwechete nemishonga yechinhu chinokonzera kusuruva kana zvichidikanwa.
Hazvirei shoko rekuti zuva rechimasikati remwedzi rechipfumbamwe ndiro nguva yekutarisira inenge nechokwadi.	Kuzivona zvinhu zvaanokonzera, usati zvaitika - ndicho chinangwa chese chezvo zviri muenzwi urwu. Kuziva kuti chinhamburume chakangobuda kunogadzirisa maitiro aanoita munhu.

DZAKAMAHARA

Kana iwe uchiri pedyo nekupedza remwedziro rekutora mishonga, kana ukadzoka kumamiriro akareba mushure mekunge remwedziro radaro rapera, zvakakosha kuti uuye kuzvinzwa: zvaaita pangu hazvirevi kuti wakadambura, uye hazvidzinge basa rakaitwa rekubudirira kwekurapwa munguva yekurapa mumusoro kana mazuva makumi matatu akatevera. Zvaiita ndezvekuti paive nechikwereti chakangoitika pakati pemwedziro wekutora mishonga uye nemamiriro emuviri wako. Mhinduro chaiyo

nderokudzoka kumubatsiro wevashandirapamwe uye kuva nehurongwa hwakaringana hwekudzikisa remwedziro, kwete kupa utongi. kuti kana zvakaregererana zvaunogona kuzvikunda here.

Manoenda sei kuti zvii izvi zvikove kushandisa kwezvinodhaka zvimwechetezvo.

Kune chimiro chakakosha chinofanira kudzidziswa zvakajeka, nekuti hazvinoreva zvikonzero, asi zvaanogona kuita kana mumwe munhu asvitsaurwa nezvezvaanoitika mukati memuviri wake. Munhu anenge abvisa mishonga ye benzodiazepine uye akazara, anogona kurasikirwa nechido chekudya nekuda kwekunetseka kwakaitika – izvo zvinobva mumamiriro ezvinhu emuviri, kunyanya ekuti iyo system ye GABA-B, sezvakataurirwa muSection 3, isina kuzova zvakanaka. Kana mumwe munhu asvikidzwa kuti iyi ndiyo nzira yekuzvibatsira kwezuva rechimasikati uye nekuda kwaiyo, mhedzisiro yakawanda inongoita ndeiyi: "Ndiri kuine utinenge" – izvo zvinogona kunge zvakaringana sezvakaita, asi zvinoratidza zviratidzwa zvechido chekudya, uye... pasina ruzivo rimwe chete rinogona kuchinja zvinhu zvese nezve nzira yacho dzinofanirwa kuita.

Kana zvakaitika, inongoita kuti munhu ave nemudziwemombe, dzimwe nguva achiita basa remushandirapamoyo, kana kuti asiri — kunyoresa nhau dzekutanga kweGHB kungava zvakaoma kupfuura zvinangwa zvaanenge ari nazo, nekuti kune zvakawanda zvinogona kuita. Mushandirapamoyo anozvionera sezvakanyanya, asi asina mashoko akazara ekuti aive achitora GABA-B, saka anogona kuzviona kuti ari kunyatsogadza kana kuti kukura benzodiazepine. Hazviite kuti zvirege, uye munhu uyu haasi kubvira — anorondedzera zvaanenge ari nazo, asi anowana mhinduro inonzwisiswa nemashoko ake, asi pasina mashoko akawanda ainge achichinja mhinduro yacho. Iri ndiyo huwandiso hunoita Recovery Kernel panotaurwa zvimwe kuti 'kusununguka kwemamiriro ekurapa kunenge kuramba': zviratidzo zvekare zvepakati, zvinobva mubvuma remuviri, zvinogona kuitirwa semutano wekare usina kukunda, uye mishonga inopiwa kuti ibatsire mutano wekare haine muganho wekukunda - nekuti hapana chaive pachikamu chezviito zvekurapa zvakaratidza kuti zvakanga zvaripo.

⚠ YERAI.

Chikonzero ichi chinoratidza kuti zvinogona kuita kuti munhu ave nemutsvakurudzi wakaoma kupfuura waakanga ari: kushandiswa kwebenzodiazepine kwenguva refu, apo chaizvo zvaidikanwa ndekukuomesa kunze kwevhuteni panguva yakadaro. Iyi haisi ngozi inofanirwa kungofarirwa - iri chido chinoratidzirwa, uye inofanira kuve nemhungwaroti yakafanana neyemutsvakurudzi weGHB, nekuti zvakanyanya, zvinenge zvakanaka.

Chii chinonyanya kudzikisa ngozi iyi: kuzivisa chiremba chipatara kana munhu achipesera zvaaive achitora GHB uye nguva yaakanga atangobva watora, kunyange zvazvo zvinenge zvakaoma. Izvi zvinokosha nekuti zvinogadzirisa kuti chiremba ane ruzivo anofanira kuitira. Chiremba ane ruzivo wekuti ari kushanyidza

munhu uyo anotambura nekuderera kweGABA-B mushure kwekutora GHB, uye asiri kutambura nechido chekurova kunotevera, anogona kuporesa zvinhu zvinobatsira kwenguva pfupi, asi achiratidza nguva yekupedzisa kuita izvozvo. Iko kune nguva yechimwe chezvinhu zvinofanirwa kucherechedzwa, kungava chinhu chiri kushandiswa pachinzvimbo chemunhu, sezvakaurwa mumabhuku ari pedyo. Zvishoma zvakakosha kuti munhu ati: "Ngozi iyi yakatanga nekuti ndakatanga kurova GHB mwedzi wemweji yapfuura, uye... Ndinonzwa kuti mwoyo wangu unogona kuva uchiri kudzokera kunorma nekuda kwezvaakaitira — ndinoda kuti chero zvataurirarana, tive nechikwangamiriro chekutarisa kuti zvinofanira kupfuura nguyaipi, kwete kungove zvinhu zvisingaperi. Izvi zvinogona kuita kuti tibatane uye tivhare, kana kuti kutanga kudzoka kumamwe matambudziko ekare.

Sezheni 9 - Mutemo Wekudzoka (Mushure memakakufirana).

⚠ YERAI.

Iri basa rinotanga apo nguva yekutarisira dambudziko rekuroshwa (Section 0, maawa 12-72 eSection 2) yasvika, uye chiremba akasimbisa kuti murwere anokwana zvakaringana. Izvi haasi kusimudza Section 8 - iri chinhu chinotevera.

Tier 1 — Bhuku remakemikari (kubvira musi wechipiri mushure kwekuvhara).

Mubatsiro.	Basa.
Magnesium glycinate (400-600mg, zvakaparadzwa miviri).	Kutsigira receptor yeGABA-A uye kuchengetedza mwoyo nemishonga inobudirira - zvakakosha, hazvifaniri kusiya, kubvira musi wekutanga.
P5P (B6 inonyanya, 25-50mg)	Kofakita yekutsinhana kweglutamate kuenda ku-GABA (glutamate decarboxylase) - zvinoita kuti zviwanzoitwe nekuti pane kukwira kweglutamate munguva yekuyamwa pakutanga.
5-MTHF (400 mcg)	Maitiro ekuti ubatsire muenzaniso wekuita zvinhu nematombo emakemikari, kunyanya zvikuru nekuti GHB inobvisa mavitamini eB kuburikidza nezvido zveiyo yekubva nayo.
L-theanine (200-400mg sezvino zvakakoswa).	Kusimbisa GABA uye glutamate pasina kushandiswa kwezvinonyadzisa, kuti zvibatsire nezviratidzo zvekutya, uye pasina ngozi yekuvhunduka.

Tier 2 — Tsigadziko Tekutarisira Zvazvakaitika uye Zvekufarirwa.

- Buspirone (mhuka inofara isina kushandiswa zvakanyanya uye inogona kuita kuti mumwe ane serotonin 1A) inoshandiswa kune chido chekuroora chinoramba-ramba pashure pekudzima kunyudza - inotora mavhiki 2-4 kuti

ive nechokwadi, inonyatsoshandira kushungurudzika kwakadaro mukuponesa uku pasina ngozi yekutonhora kwebenzodiazepine.

- 5-MTHF inodirwa pakutanga, usati watanga kushandisa SSRI, kune vanhu vane depression uye vane mutation yeMTHFR; ongororwa mhinduro munguva dzekuita vhiki 4-8; SSRIs inomboitika kana zvakakosha kuti dziishandiswe.
- Quetiapini diki diki (25-50mg, kwenguva pfupi chete) inogona kubatsira kurwisa kusina kunyara kwehunyoro hwechipfuva nekuda kwekusuruwa kweGHB kana kuti zvinangwa zvimwe zvekuwedzera hazviwane mhinduro - haisi sarudzo yekutanga, asi inzvo rakafanana.

Tier 3 — Kudzorora Mivairo Nemamiriro Ekufungira (Mwedzi 1-12, nhanho huru yekudzoka).

- Kufema zvine hungwariso - zuva nezuva, hazvifaniri kusiya, nekuti nguva yekudzokorora kweGABA-B inenge yakareba, sezvakataurwa muSection 3.
- Kudzoka kunyeredzi uye yoga - zvese zvakakosha pakuvandudza GABA yakaitwa zvakanyanya.
- Kunyatswa kwekurapwa kunonyanya kukosha kupfuura zvimwe zvinogona kuita kuti urwire. Mwedzi mitatu kusvika mwedzi sitiki ndiyo yenguva yekurapa, kwete mavhiki mashanu nemakumi maviri. Zvakakosha kuramba uchidya manzwiro uye kushandisa zvaunodzidza munguva yose iyi, kwete chete mumavhiki ekutanga.

Maitiro Ekuitenziwa — Nei Kuti Kutambira Kunonyanya Kushandiswa Pazvo Pane Mamwe Maitiro.

Kuderera kweGHB kunounza kusava nechokwadi kwemamiriro emuviri (Section 1, Section 2) - mwoyo unoshanda nekukurumidza, kushanduka-shanduka kwebhutsu, kurasikirwa zvakawanda nemvura - uye kuita mabasa ekufamba-famba kunobatsira zvakananga pakudzorerera simba remuviri, kwete kungova zano rekutarisira zvinhu.

Mhando.	Zvinogadzirwa.	Maitiro.
Kufamba nemwoyo mupfuputi (kusvetera, kufambira pachikepe, kusuwa, kufamba nekukurumidza).	Endorphini, serotonin, BDNF - uye, zvakakosha zvikuru pano, kuita kuti hutano hwemuviri hwedzinenge husadzorese kuzere (kushanduka kweiyo mwoyo, kudzvanya kwemauto) sezvo iyo system yemusoro inobudirira kubva muzvinetso zvekusunungurwa.	Masashoni 3-5 pazuva rega rega.
Kudzidzisa simba.	Dopaamini, testosterone, homoni yekukura, BDNF – zvakakosha zvikuru pakushandiswa kwezviyero zvemuimbi kana vekuvaka muviri mune chikamu che6, apo kuwanda kwehomoni yekukura kwaive chikonzero chakakura	Masodzi 2-4 pazuva rega rega.

Mhando.	Zvinogadzirwa.	Maitiro.
	nekuda kwemariji yaGHB uye kunoda kuroorwa nemutsetse wenyaya.	
Yoga.	Kudzika simba remhando yekushandisa mivairo (parasympathetic) uye kudzikisira kushunguruka zvakananga - iyi inzira yekuita kuti muropa weGABA udzike, isiri chete chinhambidzo kune zvinangwa zvekuita kufema.	1-3 nguvanhu pamatambudzik o wevhiki.
Kufamba zuva nezuva.	Iyo mutsara wekupokutswa usina kushungurudzwa – nyaya yakarurama, inobudirira zvakare, uye inonyatsoshata kunyange mazuva ekutanga ekupokutswa kana mumazuva aunonetsa.	Mazuva ese.

⚠ YERAI.

Nguva uye simba zvinonyanya kukosha, zvakakosha pakutanga. Kufamba kupfuura zvakakodzera mumwedzi yekutanga kunowedzera stress mumuviri, panzvakadai muviri unogara uchidambudzwa, panze pekubatsira - dzama nekuvhara pasi, deredza simba, uye tanga nechido chekufamba, deredza simba remitambo mwedzi 1-3, uye usaite mitambo yakasimba manheru, nekuti inogumbatisa kuenda kunorara, apo muviri unoda kuzorora (Section 4).

Nhoroondo yeZvakudya - Kupfuura Pane Zvinhu Zvinonyanya Kushandiswa.

Zvekuti zvigadzirwa zvinenge mana zveTier 1 ndezvakatangwa, asi hazviwanzo kuve nyaya yese. Kushandiswa kweGHB - kunyanya kushandiswa kwakawanda uye kwenguva refu - kunoparadza hunhu hwehutano hwemuviri zvizhinji, uye mivairo yemishonga inogara ichidikanwa kuti ive nechinhu chinoshandisa pakugadzira.

- Kudya kweporotini zvinoenderera-enderera kunobatsira mukugadzirwa kwemutamiswa mune muviri, kusanganisira masisitimu eGABA nedopamine, uye iyi yose ndiyo inodiwa pakudzoka kubudiriro.
- Kudya nguva dzakafanira kunaka, sezvo zvinhu zvinodyiwa nemazuva anokosha kufambiswa kwemaitiro ekurapwa. Kushanduka kwejecha remwedzi kunowedzera kushungurudzika uye kusava nechitarisiko chinogara zvinoita mumamirwo ekurapwa.
- Kunyadza uye kupa muviri zvinodiwa zvekunyoresa kunobatsira zvakananga matambudziko ekushanduka kwehutano uye kusvibha akataurirwa mune Zvikamu 2 ne 4.
- Kudya kwevhitamini B, kwakadaro kuti kusave chete P5P ne 5-MTHF, kunonyanya kushandiswa nekuti GHB inowedzera zvakanyanya kuvhitamini iyi mumuviri. Kuwedzera kwekutora vhitamini B zvinokwana uye zvepamusoro-sekwazvo, pamwe nevaya vanodiwa zvakakosha (Tier 1), inzira yakanaka.

Kuderera Kushoma Muchidikiro: Kudzorora GABA Zvayo.

Zvese zviri pazasi zvinongobatsira pakurapa matambudziko uye pakuvaka mupfungwa, asi iyi imwe sarudzo – kusada chinhu ichocho, kwete kungodzikama nezvakaita. GHB yakapa chinhu chakakosha: isingaiti kurapwa kwakadaro, asi inyaya yekushandiswa kweiyo nervous system iyo yainyatsozara uye yakanamatira. Iko zvakaitika nderokuti, izvi zvinogona kuita pasina GHB, kuburikidza nemamiriro emupfungwa ewo munhu, uye kuti nzvimbo yakagadziridzwa iyi inogara kwenguva refu kupfuura iyo yakaunganidzwa neghini, nekuti haisi kushandiswa zvakanyanya.

Mudzidziso wekuzvitungamira zvakanyanya.	Kugara zvakanyanya here kwecholamuro cheGABA?	GHB-Zvinhu Zvakanakiswa Zvekuti Udzokere Kumaari Ako.
Kufema kwekuridza nemhepo yakanaka (4-7-8, kufema sebhokisi, kufema kwenharaunda).	Kudzidza kwezvinangwa zvakakura - kusimbisa kugadzirira, kushandura mhepo, uye kuwedzera simba remuviri.	Chishanduko chikuru chepakudenga chinonyanya kushanda seGABA mune bhuku iri rose. Izvi hazvisi mashoko - kufa nekunyura kwehutungamwari kunowedzera zvakanyatsoonawo GABA uye kunodzikisa cortisol mumaminitsi mashoma. Chengetai muchizvo zuva nezuva kusvikira zvava kushanda sezvakaitwa nezvakanga zvaro nguva yekudya.
Kudzoka mumvura inotonhora.	High - kusimbiswa kwehutungamwari hweiyo inonzi "parasympathetic" uye nekubudirira kwemamiriro ekunyara kana kushivirira pashure pekusanzwa pakutanga.	Kudada nemvura inotonhora, kwemasekondi 30-90, uine zvinhu zvinogona kushanda uye kuwedzera kunonhora zvakanyanya. Iyi inzira chaiye, inonzwisiswa munyama, yekuti "mhondoro yacho ichinge yapedza kushanda" sezvaGHB yaishandisa.
Kurofina kwekurima kwakanaka.	Yaka yakareba, inogona kuwedzera nekusingaperi kana ikaitwa zvakawanda.	Ona tafura yeiyo yemararamiro, iyi ndiyo imwe basa rekudzidzisa inogona kushandiswa panguva imwe chete kuti ibatsire kupora hutano hwechipfuuro uye kuti zvishandise mabvi nemakemikari emuviri (GABA neendorphins) zvekunaka.
Muziki ine tempo ye 60-70 BPM.	Kugadzirisa kwakadaro kunogona kuita kuti mivairo yemuviri dzinonzi parasympathetic dziitwe zvakanaka.	Inogadzirira zvakakosha munguva yekuda uye panguva dzekurara; nyore kushandisa uye inowanikwa nekukurumidza.
Chirongwa chinodiwa kana kuti chinhu chinoshanda zvakanaka	Nekududzira zvakanyanya uye nekunyarara, asi	Kuzvipira zvizere mumamiriro anotyisa, muchimiro chemaererano, inzvo zvekuti iine GABA yakarurama –

Mudzidziso wekuzvitungamira zvakanyanya.	Kugara zvakanyanya here kwecholamuro cheGABA?	GHB-Zvinhu Zvakanakiswa Zvekuti Udzokere Kumaari Ako.
kunyenganyedza kufunga uye kugadzira.	usishandise mishonga.	mupungwa inotarisirwa inoramba achinyara nekubatanidzwa panzvimbo yekushandiswa kwehuwandu.

KUZVINZWA

Haisi nyaya yezvayo, uye haisi mubayiro wekuti usati watanga kushandisa chinhu. Chinhu icho GHB chaishanda chinoita kunze, simba rinogona kuzvikonzera mumuviri - hazvisi mashoko ekufadza, asi ndiyo nzira chaiyo yacho yaanenge achitariswa nebhuku iri rose. Iri nyika iyoyo yaunenge uchida kuenda nayo yakanga iripo uye inogona kuwanikwa, zvakare. GHB yaiva imwechete chete nzira yekufamba nayo - nzira yakangoita nekukurumidza, ine ngozi, uye inoita kuti muviri ushande zvakaipa. Nzira dzinowanikwa mutaburu iri inotanga kuenda kumuti mumwechete, asi inzira inoita kuti muviri uwedzere kusimba panguva imwe chete.

Sezheni 10 - Kuziva Nyaya Dzekutapwa, Kuchenesa.

KUKURUWA KWEMWEDZI.

Tsvaga rubatsiro rwemhando yekutanga pakarega:

* Kushanduka kwehutsinye
* Kusavhunduka, kusaziva, kana kuona zvinhu zvisiri zvechokwadi
* Kuvhunduka kwakanyanya nekuwanda kwekumeso, ropa rakawanda, kana kurasikirwa nezvombo
* Kuderera kwehutsinye

Izvi zvinoshanda mazuva 72 ekutanga apo munhu anenge astopa kushandisa chinhu chakamanikidzwa, uye panguva ipi zvayo mushure apa kana matambudziko akadai akaitika.

Kana uchinzwa kutsetse, kusagona kuroorera, uye kusavhunduka kwakataurwa muSection 4 asi pasina zvinenge zvakaita sezvakaurwa pamusoro apa, izvi ndezvinhu zvaunofanirwa kuwaita sezvo zvinobva munguva yakatarwa. Zvakakosha kuti utarisane nechiremba mazuva akawanda, asi hazvisi dambudziko rinoda rubatsiro rwemhando yekutanga.

Sezheni 11 - Mufananidzo Wemitambo Yese.

Zvinoreva chikamu chemwimbi kana nhanho yekukura.	Mitemo.	Focus
Kudzorora Kwemishonga (Mazuva 0-7 kwevashandisi vanoda rubatsiro)	Dhipatimendi dzekuoma / kuomesa kwevashandisi vanogara muchipatara - kunze kwenzira yekushandisa iyi.	Kudzivisa kuderera, maitiro ekubudira baclofen kana benzodiazepine, kuongorora kushunguruka, uye kutsvaga zviratidzo zvehutano. Iyi bhuku iri, chikamu che9 neanenge ariwo anogoneka chete apo zvinhu zvekurapa zvapera.
Nyaya Yemazuva (Mazuva 1-14 ekupinda kubva pakurapa).	Compendium Protocols 07, 09, 17, 18.	Magnesium, B6, kuenzanisa kwezvinhu zvine chekuita nekubatanidzwa kwezvimwe (methylation), maitiro ekurara, hutano hwevakadzi, uye kugadzirisa uta — izvi zvinodiwa kuti iyo system yeGABA-B ikwanise kukura zvakare, hazvisi zvekusarudza.
Mapepwo yeDNA (Zvichemo 1-4)	Compendium Sectioni 15, Purotokori 11.	Kutarisiro kweGABRA2 - chikonzero chikuru chemageneti chinonyanya kukosha mukudzorerwa kwemamirwo, chinoshandura simba rekutarisira, kuvhunduka nekubvisa mwedo, uye kuvhunduka kweinotevera kubva kumwedo.
Kudzorerwa kweGABA (Mwedzi 1-12, chikamu chakaremara).	Compendium Protocol 04, Protocol 01 yekukanda zvido.	Kufema zvinehunhu, kushandiswa kwemvura yechando, yoga, kuwedzera magnesium, kutarisira kusagadzikana, uye kurongeka kwekunorara - zvechokwadi mwedzi mitatu kusvika sitiki, kwete nguva dzekuvheneka dwevhiki 4-8 dzazvo zvimwe zvinowanikwa mumamiriro ezvinhu akawanda ari muodha iyi.
Architecture yeMaitiro uye Yemamiriro Ekugwirira Kwenzi (Zvichemo 2-12).	Compendium Protocol 02, 05, 08, 13	Kudzorora zvinangwa, kudzivisa kushandiswa kwezvimwe zvinhu zvekurasa, uye kugadzirisa midziyo yepamoyo - nzvimbo dzinoshandiswa pakushandisa chinhu chinosetsa (zvakaita sezvitoro, maappi, uye masosi emidziyo) inzvimbo huronzvo inokonzera kutsvuka; kugadzirisa nzvimbo yedhijitari kunonyatsofanana nekugadzirisa nzvimbo yechimiro.
Kureko kwevaya vanonyanya kushandisa kemikari (mwedzi 1-12), kana zvakakosha.	Compendium yeProtocol 35S, mitemo yekurondedzera zvakaringana zvekurapwa.	Kutsvakurudza uye kudzivisa zvipatswa zveHIV/STI, hutano hunokodzera kwevanhu vanobva kunyenganyenga, kuumba nharaunda yekushumira kwevamwe vanofarirwa zvikuru

Zvinoreva chikamu chemwimbi kana nhanho yekukura.	Mitemo.	Focus
		(LGBTQ+) vasina kunyenganyenga — ona chikamu 6 pamusoro.
Kuzvitenda uye Kuziva Zvinoreva (Mwedzi 2-12)	Compendium Protocol 20, 21, 23, C-28	Ungaiteerera here kana nguva yekubhadha, yairatidzirwa nemaminitsi maviri kusvika matatu, isingave chinhu chinomiririra zuva rako – uchitaura zvakananga nezvekukanganisika kwenguva uye kwekutambudzika kwekusaziva kuti uri ani, sezvakataurwa muSection 4.
The Long Game (Mwedzi 6-18+).	Compendium Protocol 24, 25, C-28, C-31	Mugadziriso wehutano uye simbi yakanaka yemhando-ye-zvisikwa yeGABA - sekutaura muSection 3, kuita shanduko chaiyewo iyo inofanira kuvakwa, kwete kungodikirira kuti iende.

Section 12 — Kupedza.

DZAKAMAHARA

Iyi ndima inzvimbo yakaoma zvikuru muchikamu chino chedzidziso, uye nguva yekudzoka zvakare inenge yakareba - inongoenda mwaka wese kusvika pazvakazara, kwete mavhiki mashomanje. Izvi hazvifaniri kukanganisa. Zvinoreva kuti nguva yatinoda kuti dzidziso iyi iende pachiyenzane, kuti musati mavaenda mwedzi ane makumi matanhatu, musingafunge kuti zvinhu haazviite. Muviri wemunhu unoshanda zvekudzorera utano wake wechawo anogona kuzvidzora pasi pezvinangwa zvakasiyana-siyana nemaminitsi maviri neemaviri, uye unogona kuzvipa iro rekunyatsodzorwa. Zvinongoita kuti nguva yatinoda kuti dzidziso iyi iende pachiyenzane, kuti musati mavaenda mwedzi ane makumi matanhatu, musingafunge kuti zvinhu haazviite.